

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 04, 2001 8:00 am
Secretary of State

06-04-2001 90005 017 ***550.00

DOCUMENT # P99000055475

1. Entity Name:

SCION HOSPITAL SUPPLY, INC.
SCION SURGICAL, INC.

*Mc
FLD
1/15/01
HIN*

Principal Place of Business

Mailing Address

5200 BLUE LAGOON DR., STE. 890
MIAMI FL 33126

5200 BLUE LAGOON DR., STE. 890
MIAMI FL 33126

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

LEVINSON, MELVIN M.D.
C/O SCION INTERNATIONAL, INC.
5200 BLUE LAGOON DR., STE. 890
MIAMI FL 33126

7. Name and Address of New Registered Agent

Name: **Michael Levinson**
 Street Address (P.O. Box Number is Not Acceptable): **5200 Blue Lagoon Drive**
#890
 City: **Miami** FL Zip Code: **33126**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title (if applicable)

(NOT)

Registered Agent signature required when reinstating

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	PS	<input checked="" type="checkbox"/> Delete
NAME	LEVINSON, MELVIN	
STREET ADDRESS	5200 BLUE LAGOON DRIVE #890	
CITY-STATE-ZIP	MIAMI FL 33126	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Levinson, Melvin	
STREET ADDRESS	5200 Blue Lagoon Dr., #890	
CITY-STATE-ZIP	Miami, FL 33126	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Levinson, Michael	
STREET ADDRESS	5200 Blue Lagoon Dr., #890	
CITY-STATE-ZIP	Miami, FL 33126	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cherkoff, Stephen	
STREET ADDRESS	5200 Blue Lagoon Dr., #890	
CITY-STATE-ZIP	Miami, FL 33126	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report is required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER, A DIRECTOR

5/2/2001 *305/263-8199*
 Date Daytime Phone #

CR2E034 (10/00)